care inspectorate

Douglas View Care Home
Care Home Service

William Street
Hamilton
ML3 9AX

Telephone: 01698 459099

Type of inspection:
Unannounced

Completed on:
7 June 2018

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300687

HAPPY TO TRANSLATE

About the service

Douglas View Care Home is a care home service registered to provide care and support to a maximum of 100 service users. A maximum of 74 are older people with no more than 10 with a diagnosis of dementia. A further 26 people from the age of 30 years of age with the diagnoses of Korsakoff's Syndrome.

At the time of the inspection, there were 71 service users living at Douglas View. The service is located in Hamilton and is close to local facilities and transport links. The home is over two levels with a passenger lift between floors.

The service states their aims and objectives to be, among others, "We the provider shall meet all of your assessed needs in relation to accommodation, meals, activities, support, care including where applicable nursing care".

What people told us

Prior to this inspection we issued 30 care standard questionnaires (CSQ) to residents and two were returned both of which stated that they were overall "very happy" with the service. We also issued 30 CSQ to relatives and carers and one was received which indicated that overall they were "happy" with the service.

During the inspection we spoke to seven residents and three relatives/carers. Views expressed about living in the home were mixed. Specific comments included:
- "The normal carers are great - they give you a cuddle when you need it"
- "Sometimes it takes a while to answer the buzzer - staff have other duties to attend to"
- "Girls are first class, helpful"
- "I get on really well with the carers. There are lots of different ones but they're all nice"
- "Some staff are better than others - they are changing them all the time"
- "Too many staff changes - no continuity - not good for anyone"
- "Residents meetings every so often but I don't go to them"
- "No problems getting a bath or a shower"
- "I wait for staff to ask about bath or shower"
- "I am quite happy - quite content. There are lots of different carers but all are nice"
- "Mum could be persuaded to join in more"
- "Have been to football game"
- "Food not so good"
- "I don't like the food. I am not a meat person"
- "New activities coordinator doing things"
- "McLelland Unit is hiring a bus to Blackpool for the day"
- "Bit boring sometimes. Spend the day mostly just sitting"
- "At this time moment, things are not any better than at this time last year"
- "Would like a bit more sunshine but I don't get to go out every day"
- "It's ok here - I like it"
- "The staff are brilliant with her"
- "I don't like the food or dining room - they keep playing the radio and it's noisy"
- "TV is on all the time and it's quite loud"
- "Smooth radio on full blast most days"
- "People are always asking for my opinion"
- "It's ok here I can't complain but not really happy as I want home"

- "Personal hygiene - nails never done, ladies walking round with facial hair - not shaved"
- "I am happy with the way everything is".

Self assessment

The service had not been asked to complete a self-assessment in advance of this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Generally, we were satisfied that service users were looked after safely and supported to an overall satisfactory standard. We decided this from what people told us, what we saw and from the records we looked at. We also looked at the home environment and facilities during the inspection.

Information within the care plans was not always outcome focussed and there were examples where they could have been completed to a better standard. Medical and personal information had at times not been recorded or lacked detail particularly in relation to how people with stress and distressed needs were supported. This meant there was a lack of direction for staff at times on the care and support which was required to meet people's needs. Risk assessments and care reviews had been completed but not always to a good standard. (See requirement 1)

Personal hygiene monitoring charts were completed well and residents' bedrooms had plenty supplies to support them to look after their personal hygiene. We saw that some residents' personal hygiene could have been better however staff told us how they would not always allow them to help with this at times. Care plans sometimes lacked information about how people would be best supported with their personal hygiene in these instances and will be reflected within requirement 1.

Residents had generally received their prescribed oral medications. Although Medication Administration Records (MAR) helped show this, the specific application records for applying creams and ointments to skin were not as well completed. MARs were noted to be messy at times and difficult to read and some of the 'as required' medications given had no record of the effect of giving the medication to the person. (See recommendation 1)

The dining experience could have been better in some units in relation to encouraging residents to eat and the noise levels. (See recommendation 2)

We expressed concern that at times the Avon unit worked under what we considered an appropriate level of staff given specific residents' needs. We discussed this with the manager who advised us that they would ensure this did not reocur. We will follow this up at the next inspection.

Requirements

Number of requirements: 1

1. The provider must ensure that care plans clearly direct staff on the care and support to be provided to all those living in the service. In order to achieve this the provider shall:
- ensure that, where a care need is identified that an appropriate plan is put in place to support the individual to address this. This should include but not be limited to the management of stressed and distressed behaviours and all activities that may be affected by this.
- ensure that where required risk assessments are completed with all relevant information and that these are regularly reviewed and updated as needed.
- ensure that the content of care reviews is improved on and includes all relevant information.

This is in order to comply with the Health and Social Care Standards Standard 1:15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans

Timescale: To be completed by 7 December 2018.

Recommendations

Number of recommendations: 2

1. To ensure that people are supported with their medication needs, the provider should ensure that the recording of Medication Administration Records (MAR) are legible and can be clearly followed. Records should also be improved upon to make sure they more accurately reflect the reason and outcome of administering "as required" medications.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

2. To ensure that people are supported with their nutritional needs, the provider should ensure that the dining experince is improved for residents in that they are encouraged to eat where needed in a relaxed and comfortable environment.

This ensures care and support is consistent with the Health and Social Care Standards, 1.34 which states "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" and 1.35 "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible".

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The service had suitable equipment where these had been assessed as required to help ensure the safety, wellbeing and independence of people using the service.

Regular checks and repairs were carried out on areas and equipment within the home. This helped make sure the environment was safe and maintained to an acceptable standard for people to live in.

We saw other maintenance certificates from external agencies and recommended actions had been completed.

Garden areas were accessible and meant service users could enjoy a pleasant secure area.

Although we acknowledged there had been some environmental improvements, we continued to find some areas of the home malodourous. (See requirement 1) This is a repeat requirement.

Ways in which residents could find their way around continued to be limited and signage did not clearly direct people around the units. (See recommendation 1) This is a repeat recommendation.

Noise levels continued to be intrusive at times within the units particularly from music being played at a high volume. Some feedback from Care Standard Questionnaires returned also commented on this. (See recommendation 1) This is a repeat recommendation.

We highlighted some specific areas where the carer alert cords would not have been accessible for residents. The Manager agreed to take action on this immediately.

We also highlighted a lack of raised toilet seats within ensuite bathrooms in AVON unit and asked the manager to consider this and action if required. We also discussed how some areas of the environment were starting to look worn and tired.

Residents could have their personal possessions within their rooms and staff told us that where required entertainment equipment could be sourced if required.

Requirements

Number of requirements: 1

1. The provider must ensure that they make proper provision for the health and wellbeing of residents in that unpleasant odours are controlled effectively. Where malodours persist, the provider must ensure that cleaning strategies are effective and remedial actions taken where required.

This is in order to comply with: The Health and Social Care Standards Standard 5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells SS1 2011/210 Welfare of users 4. (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To be completed by 7 December 2018.

Recommendations

Number of recommendations: 2

1. The environment should be improved on to enable people to orientate themselves around the units and to remind them of the date and time.

This is in order to comply with: The Health and Social Care Standards Standard 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

2. A review should be undertaken of the noise levels which residents are subject to including, but not limited to, door closures, music and the carer alert systems. In doing so, staff should be more mindful about the links between noise levels and impact of this on people living with dementia.

This is in order to comply with: The Health and Social Care Standards Standard 5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

During our inspection we watched how staff supported and engaged with service users and observed them as being warm, caring and professional.

The service followed safe recruitment procedures and new staff were fully supported in their role through the induction process. The service continued to actively recruit to meet their full staffing requirements and had used a high percentage of agency staff in the interim. We acknowledged how the service tried to make sure however that the same agency staff returned to help ensure they were familiar with the residents and routines.

The Manager actively monitored that staff were registered with the appropriate professional bodies.

Staff told us how well they were supported and how they had been encouraged to professionally develop through regular supervision sessions and appraisals. Staff also told us how they felt the supervision were beneficial as being an opportunity to discuss any concerns. These sessions had also been useful in enabling discussions and reflection about specific areas of their practice and where service user specific advice was required.

Staff had been provided with a good level of training and we saw a training matrix which showed a very high percentage of staff having undertaken this. We also saw that there was a range of future training planned. Staff could also request specific training through their supervision sessions.

The manager planned to upskill some of the staff to become champions within specific areas of expertise in which to provide a greater knowldege to support and advise staff in.

Before the inspection we contacted community healthcare professionals who spoke positively about the staff and the improved ways they communicated and followed direction from them. This had led to the improved

health and wellbeing of the residents. A daily diary was used which staff used to keep them abreast of any important information that day. We observed that staff used this well which enabled effective communication.

Staff meetings gave staff the opportunity to put their views across about the service and how people were best supported. It also gave them the opportunity to discuss any potential new service users, service policies and procedures and mandatory training.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The service had a compliments, concerns and complaints log. This helped people to make comments on and improve the service.

Each unit had an over view of residents specific needs which helped senior staff in being more knowledgeable about their residents. As a result of this the leadership and direction within the units had improved. Healthcare clinicians told us how the service was involved in improvement projects and had improved the overall organisation and leadership within the service.

Communication had also improved throughout the service and areas of importance were discussed at daily meetings between all departments.

Residents had been involved in the development of the menu and their views were used in making changes in keeping with their preferences. Feedback reports from consultation exercises with relatives were very favourable about the service.

Resident and family meetings were organised regularly. We saw that this had given people the opportunities to discuss how the service was performing such as the outcomes of Care Inspectorate inspections, staff recruitment and staff movement around the home, the environment and overall care home support.

We reminded the manager that where an action plan had been developed, it should indicate where actions had been completed. The Manager told us how they were working on the development of consultation with residents and relatives and we aim to review progress in relation to this at the next inspection.

The service had ways way to make sure it was delivering a satisfactory service including completing audits. Areas that were covered by audits included looking at how well things worked, staff practices and training and how well records were completed. Audits also looked at the specific healthcare needs of residents and where actions

were required to help improve outcomes. Some of the audits included feedback from residents themselves such as the weekly dignity dining audit.

Key clinical indicator reports contained information about the service and the residents living there including information obtained from audits to provide a service overview. This was given to Head Office who also checked the service was operating to a satisfactory level.

We looked at a sample of rotas and saw that the service had complied with the minimal staffing levels.

Specific meetings were held to look at incidents where people had fallen and the details relating to these in order to help reduce the incidences.

While we acknowledged a wide range of audits, not all of the issues we identified during this inspection had been identified and which we passed on to the manager during feedback. This has been taken into account when grading this Quality Theme.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that where clinical monitoring is assessed as necessary, relevant records are completed to help demonstrate this and to ensure there is effective communication of important information.

Where concerns are identified through clinical recording records, relevant and effective action must be taken such as seeking medical advice.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: To be completed by 8 December 2017.

This requirement was made on 29 September 2017.

Action taken on previous requirement
We were satisfied that where it was needed, clinical advice had been sought about residents and the relevant records had been completed. We were also satisfied that had been effective communication and important information had been passed on to relevant people.

Met - outwith timescales

Requirement 2

The provider must ensure that personal plans are reviewed at least once in every six month period whilst the service user is in receipt of the service or sooner where appropriate

This is to comply with: SSI 2011/210 Personal Plans.

Timescale for implementation: To be completed by 8 December 2017.

This requirement was made on 29 September 2017.

Action taken on previous requirement
Reviews had been carried out within the required timescale.

Met - outwith timescales

Requirement 3

The provider must ensure that personal hygiene needs of residents are fully met and in keeping with their personal preferences. Where personal hygiene tasks are not completed for a specific reason, these reasons must be clearly recorded and staff should be able to demonstrate any other measures taken to achieve these needs being met.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: To commence on receipt of this report and be completed by 8 December 2017.

This requirement was made on 29 September 2017.

Action taken on previous requirement
Personal hygiene monitoring charts had generally improved in content and resident bedrooms had plenty supplies to support them to meet their personal hygiene needs. However care plans at times lacked detail about how personal hygiene tasks would be carried out. While this requirement has been met, a separate requirement has been made in relation to care plans

Met - outwith timescales

Requirement 4

The provider must ensure that they make proper provision for the health and wellbeing of residents in that unpleasant odours are controlled effectively. Where malodours persist, the provider must ensure that cleaning strategies are effective and remedial actions taken where required.

This is to comply with SS1 2011/210 Welfare of users 4. (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: To be completed by 8 December 2017.

This requirement was made on 29 September 2017.

Action taken on previous requirement

Although there continued to be improvements in some areas of the environment, there continued to be areas of malodour within some areas of the home.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should improve the provision of activities people can become involved in on a daily basis within the service. In doing so, this should also include consultation with people within the service to ensure that meaningful activities are promoted that reflect their personal preferences and promote the independence of each individual person.

National Care Standards: Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation

A new activities coordinator had taken up post very recently and the amount and type of activities had already improved. The service should continue to develop this.

This recommendation has been met.

Recommendation 2

The environment should be improved on to enable people to orientate themselves around the units and to remind them of the date and time.

National Care Standards, care homes for older people - standard 6: support arrangements and Standard 4: Your Environment.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation
Signage was still lacking within the service although the manager acknowledged that dignity signage had been ordered.

This recommendation has not been met.

Recommendation 3

A review should be undertaken of the noise levels which residents are subject to including, but not limited to, door closures, music and the carer alert systems. In doing so, staff should be more mindful about the links between noise levels and impact of this on people living with dementia.

National Care Standards: Care Homes for Older People, Standard 4 - your environment.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation
We continued to find noise levels intrusive at times within the units particularly from music being played at a high volume. Some feedback from Care Standard Questionnaires returned with also commented on the noise levels in communal areas.

This recommendation has not been met.

Recommendation 4

Discrepancies relating to previous employment should be investigated and the reasons clearly recorded within staff recruitment files. Records completed should also be dated.

National Care Standards - Care Homes for Older People Standard 5: Management and Staffing Arrangements.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation
We were satisfied that safer recruitment practices had been followed.

This recommendation has been met.

Recommendation 5

The service should follow a planned, systematic and structured approach to how supervision is carried out. Where requests are made by staff, there should be records of what, if any, action is taken. Where action is not appropriate, reasons for this should be recorded.

National Care Standards - Care Homes for Older People Standard 5: Management and Staffing Arrangements.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation
We saw evidence that showed supervision had been carried out for almost all staff or was planned.

This recommendation has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
21 Dec 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
11 Jan 2018	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
29 Sep 2017	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory
4 Aug 2017	Re-grade	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory Not assessed 1 - Unsatisfactory 1 - Unsatisfactory
9 May 2017	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed

Date	Type	Gradings	
12 May 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
9 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
19 May 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
13 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
28 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
17 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 4 - Good
1 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 3 - Adequate 3 - Adequate
20 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 4 - Good Not assessed 4 - Good

Date	Type	Gradings	
4 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate Not assessed
10 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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